

WORKFORCE DEVELOPMENT: A STATEWIDE NETWORK OF PUBLIC HEALTH PROFESSIONALS

For Washington's public health system to be "always working," it needs appropriately trained and skilled workers. And once on the job, these workers need ongoing support—job orientation, mentoring, and distance learning opportunities—to keep working effectively. Finding and keeping public health workers, and giving them the professional development they need, are the two parallel interests of the Workforce Development Committee.

Findings from the 2002 baseline measurement of the *Standards for Public Health in Washington State* underscored what many public health practitioners experience first hand: training and employee development are too often casualties of funding losses and workload demands. Training records were not routinely kept, training needs were cited in a broad range of specific and general topics, and there was a general lack of training about basic public health.

In the continually changing health fields, training is essential throughout a worker's career, and it has a direct impact on individual and agency performance.

Getting to know the workforce

During 2003, we conducted our first-ever census of Washington's public health workforce, *Everybody Counts* (see next page). The report gave us a first detailed look at who works in public health, what educational backgrounds they brought to their jobs, how

long they have worked, and how long they expect to stay in public health. Significantly, more than 1 of every 6 of the state's most experienced public health employees—those who have worked for the system for two decades or more—expect to leave the public health field within five years. This finding shows why workforce planning, particularly in the areas of recruitment and retention of skilled workers, is a committee priority.

The multidisciplinary nature of public health and geographic dispersion of the workforce provides some formidable challenges to workforce development activities. Workforce development programs must address the needs of workers as diverse as veterinarians, midwives, nutritionists, and wastewater treatment systems inspectors. And learning opportunities must be available in rural towns as well as in large cities.

A full report about Washington's public health workforce can be viewed at <http://www.doh.wa.gov/hip/communications/tools/survey/everybodycounts/>.

Washington State provides leadership to the six-state Northwest Regional Workforce Development Network, which is coordinated by the UW Northwest Center for Public Health Practice. Through the network, leaders from throughout the Northwest collaborate on development of training needs assessments, training plans, and learning opportunities. In the coming year,



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Mapping the Workforce: Everybody Counts!

About 5,400 people work for Washington's governmental public health system—the state Department of Health and the 35 local public health jurisdictions. We now know about many of the characteristics of these workers, because we counted them in November 2003 in the state's first-ever census of our state's public health workforce, *Everybody Counts* (<http://www.doh.wa.gov/hip/communications/tools/survey/everybodycounts/>).

We now know several of the demographic characteristics of these workers:

- 74% are female
- 88% are white
- 40% are younger than 45 and 22% are 55 or older

We know about their educational backgrounds:

- 9% hold associate degrees.
- 38% have bachelor's degrees.
- 22% have earned master's degrees.
- 2% hold professional degrees.
- 2% hold doctoral degrees.

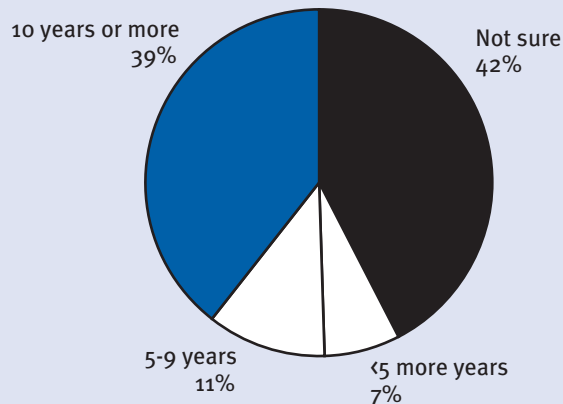
We know the fields in which Washington's public health workers are most likely to hold degrees:

- 16% in nursing
- 12% in business administration, public administration, policy, public affairs, and law
- 11% in chemistry and biology
- 8% in psychology, counseling, and social work

And we know something about current workers' plans for staying in the public health field, as shown in the chart above.

Everybody Counts is a first step to understanding Washington's public health workforce. The Workforce Development Committee has recommended conducting the census every 3-5 years and expanding its reach to include those who work as the system's non-governmental, community partners. The first count has already revealed important policy issues to guide workforce development activities. These include increasing worker diversity to reflect the composition of the population it serves, preparing for retirement transitions, and forecasting educational and training needs.

Years Expected to Work in Public Health



the network will be working both on examination of approaches to worker certification and development of mentoring programs.

Developing managers and leaders

Market conditions present a considerable challenge to recruiting and keeping strong public health managers. Often, public health jurisdictions cannot pay the salaries needed to compete effectively with the private sector for

the most skilled managers. Finding new managers within the public health system would help address this challenge, but Washington lacks any formal or informal system for developing management skills among people with strong public health experience.

The Workforce Development Committee is studying a variety of learning strategies to develop public health managers and leaders. These include both formal education methods

as well as less traditional instructional venues such as short, web-based interactive modules and mentoring, peer consultation, and apprenticeship programs. To retain the most skilled workers, the committee is exploring ways to make compensation competitive with the private sector and to offer more versatile, rewarding, and challenging career tracks.

The Northwest Public Health Leadership Institute is an example of one promising strategy (<http://healthlinks.washington.edu/nwcphp/nwphli>). This is a partnership between the UW Northwest Center for Public Health Practice and the states of Alaska, Idaho, Montana, Oregon, and Washington that began in 2003. This year-long experience builds participants' collaborative leadership skills through on-site and distance learning opportunities. Participants are guided by practice-based faculty, including scholars from such diverse backgrounds as government public health, community health centers, community hospitals, community-based organizations, and social service and law enforcement agencies. Participants develop leadership skills while working on innovative

approaches to public health problems at the community level. Central to this work is the assumption that many sectors of the community must engage in the process of promoting health, so participants include leaders from politics, business, and the non-profit sectors as well as government public health agencies.

Planning to meet workforce needs

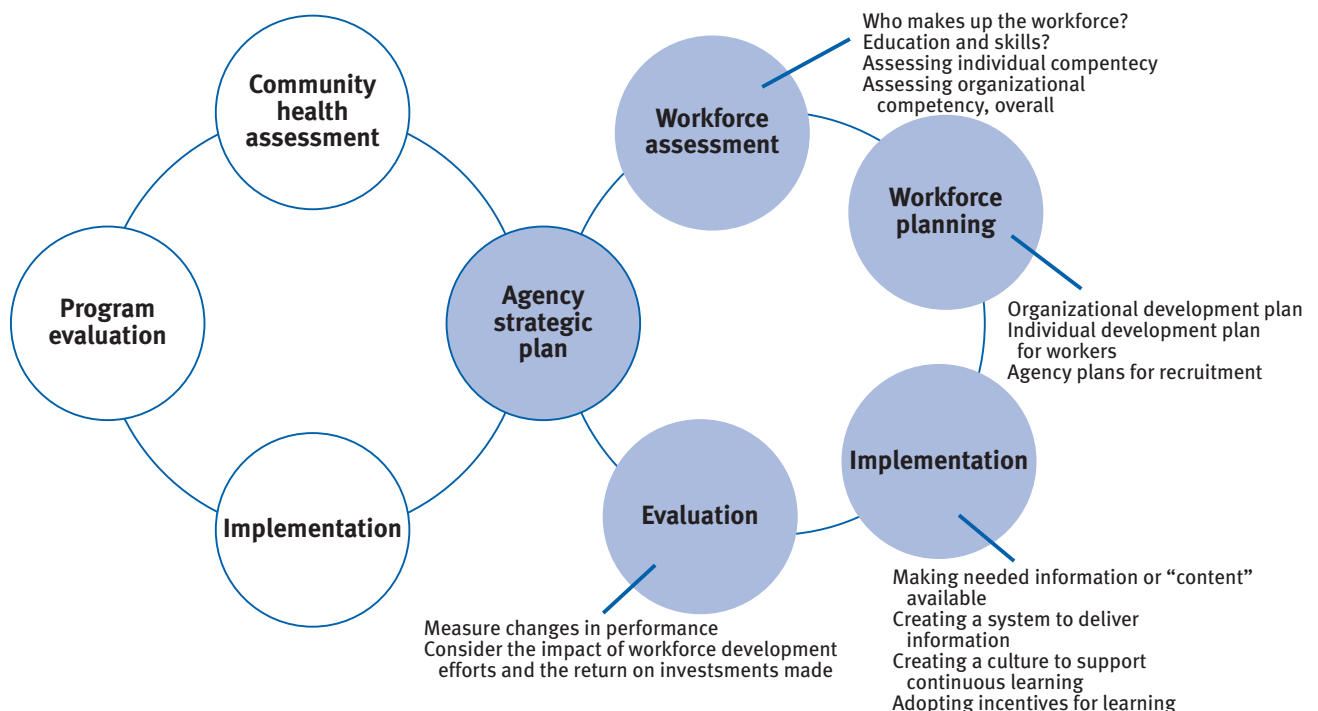
To meet the needs of the public health system, workforce development activities must support goals of both the public health system and individual agencies. *Standards for Public Health in Washington State* provide one way to approach this, by helping organize workforce development efforts toward areas where overall performance in the system needs to be strengthened.

Using the standards baseline findings, the Workforce Development Committee has begun to develop model training plans in three areas that have been selected as most important for the workforce, including:

Linking Public Health Planning and Workforce Development

This is how a public health agency might approach its regular planning cycle.

Planning for workforce development is an important component of the planning cycle. The Workforce Development Committee pictures it like this:



- Increasing skills for community collaboration,
- Creating and using a strategic plan, and
- Conducting program evaluation.

For each area, the training plan will show the related standards and administrative capacities required in this area. Then, the model plan sets forth desired individual competencies and learning strategies (various ways to increase skills), and it names the types of worker for whom this is most important. Once fully developed, the training plans can be used by individuals seeking to improve their own performance and by administrators seeking to improve performance agency-wide (see <http://www.doh.wa.gov/phip/PHIP2004/ReferenceLinks.htm> for a sample of a draft training plan).

In selecting an approach to the training plan work, the Workforce Development Committee has placed emphasis on some key beliefs:

First, *performance improvement* is the goal—not “training.” Training, alone, does not always result in better skill or improved job performance. Instead, the committee has put its attention to a wide range of strategies that promise to result in improved performance among workers.

Second, expected *competencies* need to be defined and related to job function or employee role. To be a successful worker, and to assess your workforce as a manager, it is important to have a clear understanding of the skills and knowledge required for each job.

Third, *workforce planning* should be done as part of an agency’s strategic planning cycle. As agency planning focuses on future goals, it is imperative to have a formal way to assess and plan for the changing needs of workers. This relationship is shown on page 37.

Competencies as a foundation

The 2002 PHIP included a general list of proposed public health competencies covering nine areas. These describe areas where public health workers need to have skills, such as communication, systems thinking, and leader-

ship (see Appendix 11). These competencies represent the general system-level knowledge and skills that are needed to achieve the *Standards for Public Health in Washington State*. The level of competency people actually need to do their jobs well varies by position or role, so the committee is currently detailing competencies for individual public health workers. In time, these can be used to evaluate individual training needs and target specific performance areas.

New training tools and approaches

Historically, formal classroom training has been the most common method for delivering training to public health workers. But new technology has provided creative formats to make learning more accessible and more timely. Several new learning tools are now being used by Washington’s public health workers, including:

- **Learning management system:** During 2005, public health workers will be able to access training using a web-based system that will allow people to register for in-person and on-line courses and to maintain training records. In time, this system will be able to link training to specific competencies. The LMS is a tool to help manage different types of learning, to help individuals set training goals, and to assist with workforce planning (see box, page 39).
- **On-line orientation:** An expanded on-line orientation for new public health leaders offers additional learning resource materials based on specific public health roles (<http://www.doh.wa.gov/pho/default.htm>).
- **Web conferencing:** The Northwest Center for Public Health Practice has made this new resource available to the northwest states. This is a tool that uses both the internet and phone to make training accessible from the desk, without requiring travel. It provides critical learning and information on current issues to public health practitioners in diverse

Tracking Skills and Readiness of the Public Health Workforce

Following are some of the ways that Washington's learning management system (LMS) will improve the delivery of training in ways that meet the diverse needs of our state's public health workers.

- By providing "just in time" training for handling emergencies and new or emerging disease and threats
- By tracking individuals, organizations, and system-wide education/training records
- By administering and managing educational programs at the local level
- By identifying organizational or individual competencies
- By identifying course competencies
- By performing assessments to identify organizational and individual learning gaps
- By delivering education/training
- By developing educational content
- By sharing best practices
- By providing the basis for mobilizing public health workers for events or emergencies
- By providing collaborative work tools

locations, across a six-state region. An example of one training series being delivered with this tool is *Hot Topics in Preparedness*, which are monthly, hour-long forums on such topics as preparing for SARS and a possible flu pandemic. These forums are archived so that they can be viewed and heard on-line at the most convenient time for individual workers (see <http://healthlinks.washington.edu/nwcphp/htip>).

- **A web-based information clearinghouse:** *AssessNow* is a web-based learning resource for public health staff working in community health assessment throughout Washington. It provides information, tools, resources, and a venue for dialog to improve the practice of assessment and the use of assessment data for public health decision-making. The first phase of *AssessNow* can be found at <http://www.doh.wa.gov/EHSPHL/AIA>. Key elements include: publications, data sources, and an assessment toolkit. The second phase of this work, to be

completed during 2005, will include password-protected templates, work samples, a technical assistance staff directory, and additional training materials on assessment methods.

- **Cross-discipline training:** Technology brings unique benefits, but traditional classroom education is still effective for many areas of learning, especially when the goal is to help different disciplines work together. For example, the training module *Forensic Epidemiology: Joint Training for Law Enforcement and Public Health Officials on Investigative Responses to Bioterrorism* engages law enforcement and public health officials in working through fact-based case scenarios involving biological weapons. The module was developed jointly by the U.S. Centers for Disease Control and Prevention and the federal Department of Justice. In Washington, this training module has used a "train-the-trainers" strategy to emphasize peer teaching and to create additional capacity to sustain the training over time.

Recommendations for 2005-07

1. Pursue recruitment and retention efforts at the agency and system level.

Coordinated statewide recruitment strategies could include marketing the appeal of living and working in Washington State; recruiting workers from such underutilized venues as technical schools, student and professional organizations; and implementing creative loan repayment and tuition reimbursement incentives. Retention activities could include mentoring, promoting a learning culture in the field so workers will want to stay, exploring financial and non-financial incentives for continued learning and development, and exploring ways to extend the contributions of retirement-eligible workers.

2. Identify and develop a new generation of managers and leaders to maintain and improve the performance of public health agencies and the overall public health system.

As today's leaders move toward retirement, it is crucial to develop new ones ready to take the helm in public health. The six-state leadership institute begun in the past few years at the Northwest Center for Public Health Practice is an excellent start, but long-term strategies should be established to ensure that we are ready to face tomorrow's public health challenges.

3. Build on the success of the first *Everybody Counts* report.

Conduct this census every 3-5 years and expand it to include public health partners such as tribal public health agencies, community-based organizations, community health clinics, and other public health partners.

4. Promote access for public health workers to training, technology, and tools needed to support learning.

Workers need adequate access to the technology (i.e., web-connected computers, DVD players, telephones with headsets or speaker phones) through which learning is delivered.

5. Use system-level competencies as the framework for assessing learning needs and evaluate learning strategies that incorporate return on investment.

To support the mission of public health effectively, a system-wide perspective should be used in designing curriculum and in evaluating and measuring performance—for both individual public health workers and their agencies. Investments in training and performance improvement should be evaluated to show they yield desired results.

6. Evaluate the usefulness of certification and credentialing and other incentives at various levels of the public health workforce.

Credentialing may be one way to formalize the workforce development and planning that is needed throughout the field of public health. Careful assessment of the benefits and costs should be done.